



Benton-Franklin District Health Department
800 W. Canal Drive
Kennewick, WA 99336
(509) 586-0207

Application for Certified Copy of Birth Certificate
(To be used for persons born in the State of Washington after 1954)

Please return this completed application to our Health Department OR mail to the address above with the appropriate fee. Allow 6 weeks from date of birth for newborns.

TODAY'S DATE _____

FULL NAME OF CHILD _____

PLACE OF BIRTH (*Only Washington State*) _____

DATE OF BIRTH (*Only after 1/1/54*) _____

FULL NAME OF FATHER (*If on Certificate*) _____

FULL **MAIDEN** NAME OF MOTHER _____

NUMBER OF COPIES _____ X \$13.00 = _____

Please Complete for Identification Purposes Only

YOUR NAME _____

Please Print Last First MI

YOUR ADDRESS _____

Street

City

State

Zip

HOME PHONE () _____ WORK PHONE () _____

SOCIAL SECURITY NO. _ _ _ - _ _ - _ _ _ _ _ DATE OF BIRTH _____

Signature of person requesting certificate: _____

Relationship to person whose certificate is requested: _____

FOR OFFICE USE ONLY

No. of Copies _____

Date Picked Up/ Mailed _____

Account No. _____

Receipt No. _____

Date _____